



FLORENCE-DARLINGTON TECHNICAL COLLEGE
STUDENT CONSENT TO RELEASE OF EDUCATION RECORDS TO SPECIFIED THIRD PARTY
 PO BOX 100548 | FLORENCE, SC 29502-0548

I, _____ **FDTC STUDENT'S FULL NAME (PLEASE PRINT)** _____ **FDTC STUDENT'S ID NUMBER** _____

give my permission for Florence-Darlington Technical College to grant the following individual(s) access to personally review and/or discuss my permanent education record(s) which are housed in the Office of the Registrar (100 Building of FDTC's Main Campus):

Full Name of Third Party Individual(s)

Relationship to FDTC Student

(NOTE: IF there are only certain specific items from your education record(s) to which you would like these individuals to receive access, you must specify those items below. Otherwise, the College will grant full record(s) access.)

If at any time I wish to change or withdraw this consent to release of information, I understand that I must submit any such change(s) in writing to the Registrar's Office, signed and dated by me. Until such time, the above-listed individual(s) will be allowed to visit the FDTC Campus to view/review these specific records and/or discuss them with the Registrar as needed. If further clarification is required, I may be reached at:

Home telephone _____ Other telephone _____

STUDENT'S SIGNATURE

DATE CONSENT ISSUED

SIGNATURE OF WITNESS

DATE FORM RECEIVED/PLACED ON FILE

TITLE OF WITNESS

Secret code to release information by phone _____